

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01000007603**

1. Corporation Name

**CHURCH OF GOD SEVENTH DAY JERUSALEM, ISRAEL IN H  
OLLYWOOD, INC.**

Principal Place of Business

Mailing Address

7530 VENECIAN ST.  
MIRAMAR FL 33023

7530 VENECIAN ST.  
MIRAMAR FL 33023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/2001

5. FEI Number

65-1149336

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BERRY, CORDELL	522 SW CHERRYHILL RD	PORT ST LUCIE FL 34953
D	BERRY, DWIGHT	7442 VENTANA DR	BOCA RATON FL
D	DENNIS, P.	7530 VENECIAN ST.	MIRAMAR FL 33023

**REINSTATEMENT** 02-03

500018475295  
05/08/03--01014--016 \*\*175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>BERRY, CORDELL</b> 522 SW CHERRYHILL RD PORT ST LUCIE FL 34953	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 4/20/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE**

Date

Daytime Phone #

772.574-2014

CR2E040 (8/02)